**Exhibit C**

**Re: Mental Health Parity**

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The purpose of this summary is to provide information to the Health Plan Benefits & Qualification Advisory Committee regarding mental health coverage required of health insurers in Connecticut. The topic of behavioral health vis-a-vis cognitive therapy was broached during the conference call that took place on June 19th.

The State of Connecticut's mental health parity laws provide protections to individual health policies as well as fully insured small and large group policies issued in Connecticut.

As required by state law, the policy must cover mental health and substance abuse benefits and the policy cannot establish any terms, conditions or benefits that place a greater financial burden on an individual to obtain mental health benefits than for diagnosis and treatment of medical benefits. The Connecticut laws do not specifically address prior authorization and medical management rules. However, the federal rules provide that a prior authorization or medical management protocol must be comparable to, and no more stringently applied for mental health or substance abuse than for medical conditions, except to the extent that recognized clinically appropriate standards of care may permit a difference. Treatment of all types of care -- mental, medical, surgical, and physical -- must be treated equitably.

The definition of "mental and nervous conditions" is broadly defined under Connecticut insurance laws to include all mental disorders included in the most recent edition of the "Diagnostic and Statistical Manual of Mental Disorders" published by the American Psychiatric Association.

Cognitive behavioral therapy is a type of mental health treatment. With cognitive behavioral therapy, a person becomes aware of inaccurate or negative thinking, and cognitive behavioral therapy allows a person to view challenging situations more clearly and respond to them in a more effective way.

Depending on the condition which is being treated and for which such therapy is rendered, if such condition is included in the "Diagnostic and Statistical Manual of Mental Disorders" coverage would be bound by the mental health parity laws.

Health insurers and HMOs are not precluded from using medical necessity rules, but such rules are subject to the non-quantitative requirements of federal law, as described in the 3rd paragraph above. When there are denials based on medical necessity, insured individuals have access to an appeal through their health insurer and also an external review through an Independent Review Organization.